



Human Services Department/ Youth & Family Services  
39155 Liberty Street, Suite E-500, P.O. Box 5006, Fremont, CA 94537-5006  
510-574 2100 *ph* / 510-5742105 *fax* / [www.fremont.gov](http://www.fremont.gov)

**IF YOU WOULD LIKE A MICROSOFT WORD VERSION OF THIS FORM TO FILL OUT ELECTRONICALLY,  
PLEASE EMAIL: [yfs@fremont.gov](mailto:yfs@fremont.gov) REQUESTING THE WORD VERSION.**

Otherwise, please print out a hard copy of this form, complete it by hand and fax or mail it attention of Lisa Gioia.

### 2010-2011 INTERNSHIP/PRACTICUM APPLICATION

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (pager/cell) \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax number: \_\_\_\_\_

Name of Graduate School: \_\_\_\_\_ Intern registration#: \_\_\_\_\_

(for MFT bound, post degree candidates)

Degree Program: ☐ Masters/Counseling ☐ Ph.D/Psy.D. ☐ PPS ☐ MSW

Date Degree Obtained: \_\_\_\_\_ or projected date: \_\_\_\_\_

Number of supervised clinical hours you will have completed by **8/2010**: \_\_\_\_\_

How did you hear about this placement? \_\_\_\_\_

Briefly describe the following, including relevant volunteer and life experiences:

1. Counseling/other experience with families:

2. Counseling/other experience with children and/or adolescents:

3. Counseling/other experience with clients from diverse cultures:

4. Counseling/other experience with low-income clients:

5. Experience or training in crisis intervention:

6. Other life experiences or previous occupations you consider relevant:

7. Indicate languages, in addition to English, in which you could conduct a counseling session:

8. Will you have completed the following courses by 8/2010?

Law and Ethics:	yes	no
Child Abuse Reporting:	yes	no
Family Therapy	yes	no
Child Therapy	yes	no

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Do you have a preference at this point among the program options?

☐ school site/clinic ☐ clinic ☐ police dept ☐ truancy intervention program

Please give the names and phone numbers of three people who could provide references, at least two of whom know your clinical skills or your work in a graduate program. These people would not be contacted until after an interview.

Name and Relationship:

Phone numbers/emails:

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

I authorize Youth and Family Services staff to contact the above people to discuss my qualifications for the internship program at YFS. I certify that the above information is true, complete, and correct to the best of my knowledge. I understand that mis-statements may subject me to disqualification or dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this application, along with your resume, to:**

**Lisa Gioia, M.F.T., Clinical Supervisor  
City of Fremont Youth and Family Services  
P.O. Box 5006  
Fremont CA 94537-5006**

Or you can fax to 510-574-2105 or email to [lgioia@fremont.gov](mailto:lgioia@fremont.gov)